

Improving Patient-Family Discharge Process by Providing Target Discharge Time and Estimate Discharge Date (EDD)

Michelle Eckstein RN, BScN

Chandni Chandrashekhar RN, BScN

Michelle Cabral RN, BScN

Cardiology
2018



Healthier Children. A Better World.

SickKids

Acknowledgements

Lauren Scavuzzo, RN, MN; Clinical Manager

Jennifer Kilburn, RN, MN; Quality Improvement Team Leader

Erica Thompson, RN, BScN



Healthier Children. A Better World.

SickKids

Disclosures

- No disclosures



Figure 1. Sickkids has heart. Adapted from *The Hospital For Sick Children (Sickkids)* by unknown, 2013, retrieved from <http://www.sickkids.ca/AboutSickKids/Newsroom/Past-News/2015/sickkids-has-heart.html>

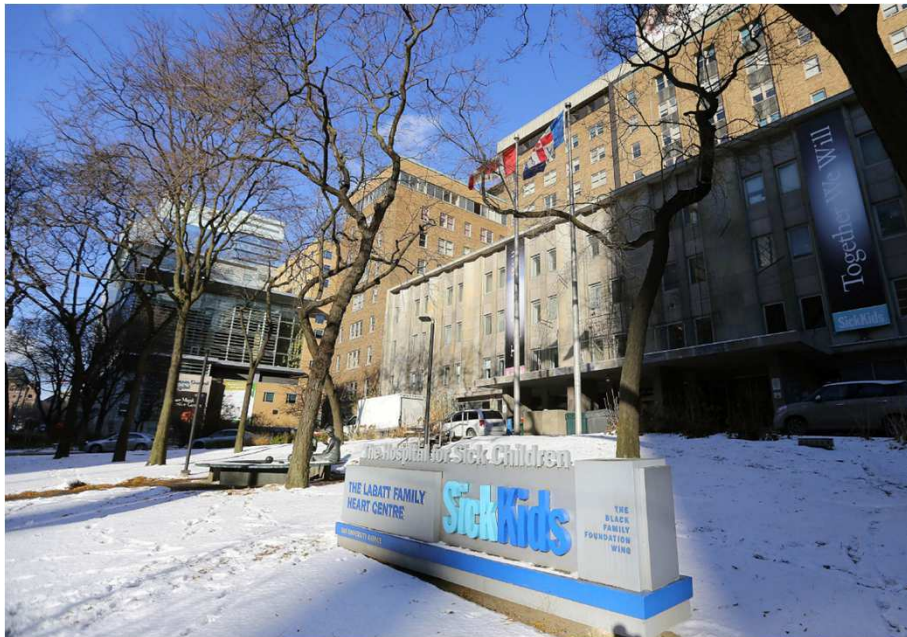


Healthier Children. A Better World.

SickKids

Background

- SickKids is the main centre for complex paediatric cardiac care in Ontario
 - families from remote areas of Ontario
 - families from across Canada



Healthier Children. A Better World.

SickKids

Context

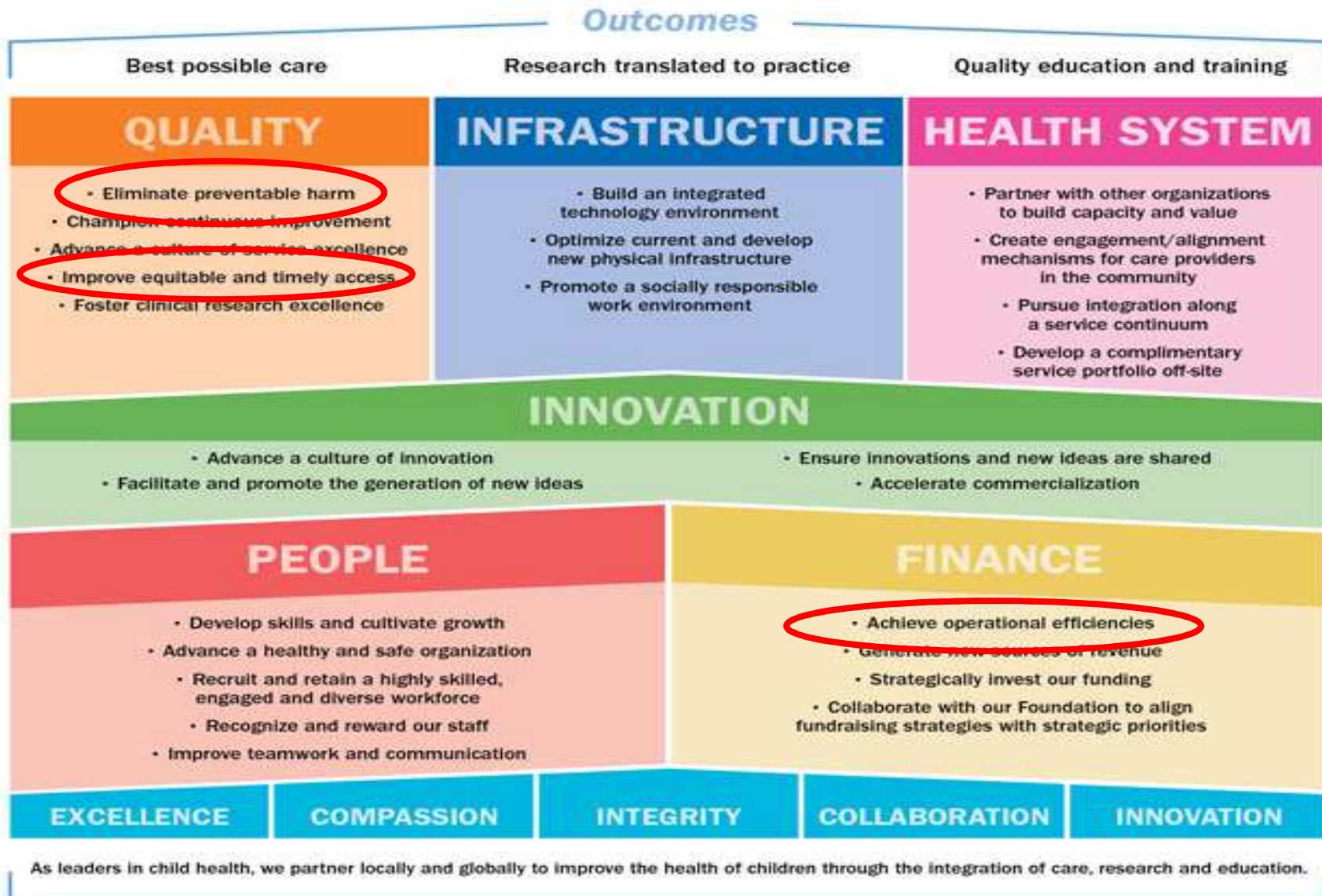
- **RN led Quality Improvement Project on Inpatient Cardiac Ward**
- Continuation from previous funded project



Healthier Children. A Better World.

SickKids

SickKids Strategic Plan 2015-2020



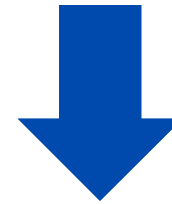
Healthier Children. A Better World.

SickKids

Need for:

Greater support for
patients and families

More efficient discharge
process for the
interprofessional team



**ESTIMATED DISCHARGE DATE
(EDD)**



Healthier Children. A Better World.

SickKids

Family Perspective

(Smith & Daughtrey, 2000, p. 816)

Weaving the seamless web of care: an analysis of parents' perceptions of their need... 5 / 9

Data analysis

The telephone survey and the GP survey produced both qualitative and quantitative data. The interpretation of quantitative data was subjected to descriptive statistics. Qualitative analysis from the open-ended questions was subjected to coding to identify common themes. This content analysis led to the development of patterns or themes to form an accurate picture of the respondents surveyed.

The data from the semi-structured interviews were analysed using Burnard's (1991) method for analysing interview transcripts in qualitative research. This method is based on Glaser & Strauss's (1967) grounded theory approach. The aim is to produce a detailed and accurate picture of the themes and issues addressed by the respondents to link these to emergent categories.

Inter-rater reliability

An attempt was made to measure the reliability of the categorization, by testing inter-rater reliability. Two raters placed responses into categories. The responses were compared with the first rater's categories. The inter-rater agreement was 100% in determining categories from responses.

FINDINGS AND DISCUSSION

Telephone survey findings

The findings of the telephone survey will not be detailed as the main aim of the survey was to identify the interview sample, that is those for whom additional support had

The interview accounts revealed that parents who had experienced problems experience varying degrees of stress and anxiety when their children are discharged from hospital following an acute illness. The nature of the condition and the age of the child appear to have little influence on the type and amount of stressors which parents encounter.

The common themes which caused parents to seek help from health care professionals appear to be connected to:

- The discharge procedure.
- The need for information about their child's illness and expected recovery.
- Feelings of isolation.

The discharge process

The findings showed that if discharge is planned and negotiated with parents they experience less anxiety and feelings of being left to cope alone at home. How well the discharge procedure is carried out is a major factor in preparing parents to take their recovering child home.

were exacerbated if they did not feel ready for their child to be discharged home. Some parents had negotiated with hospital staff for their child to stay in the ward for another night as they felt their child had not recovered sufficiently and were not confident to continue care at home. Others accepted discharge although they felt unsure about whether they should do so:

I think I worried more that first night, I kept thinking should I have brought him home? Should I have let him stay another night? I was all stressed up about it.



Healthier Children. A Better World.

SickKids

Team Perspective (Ou et al., 2011, p. 361-362)

Effective discharge planning „–„ timely assignment of an estimated date of dl... 5 / 8

ED. They must assess an emergency admission within 24 h of a patient being admitted to a ward. Establishing a timeframe for the patient's problem during this first assessment by the admission team might be more prominent in the professional thinking of the practice of specialists compared with routine admissions; in the latter, the assessment and diagnostic work occurs before admission. It is possible that junior medical staff organising planned admissions assume that LOS is implicit in the Australian Refined Diagnosis Related Groups (AR-DRGs) code for reasons of admissions. Hence the allocation of EDDs within 24 h of admissions is not prioritised during the admission process for routine admissions.

The importance of establishing a timely EDD has been emphasised in several studies.^{6,7,16-18} An EDD provides a focus

The importance of establishing a timely EDD has been emphasised in several studies.^{6,7,16-18} An EDD provides a focus for the discharge planning process, a timeframe to coordinate planning around post-discharge needs. Also, a timely EDD is construed as a tool for improving communications among staff, and between staff and patients and their carers.⁶ Over one-third of

Effective discharge planning „–„ timely assignment of an estimated date of dl... 6 / 8

Tuesday	3.29 (<0.001)**	3.48 (<0.001)**
Wednesday	8.87 (<0.001)**	9.30 (<0.001)**
Thursday	2.91 (<0.001)**	2.97 (<0.001)**
Friday	1.10 (0.64)	1.16 (0.48)
Saturday	0.87 (0.52)	0.88 (0.54)
Referral by		
Other	1.00	1.00

more EDDs. Considering the large number of elderly patients included in our sample, most of whom tend to have complex chronic health problems, These results most likely reflect the underutilisation of an EDD as a review tool. From a policy perspective the changes to EDD allocations signal a need to inform relevant staff inside and outside hospital walls about the

Our findings implied that delaying assignment of an EDD is likely to affect both the effectiveness (e.g. LOS), and the quality and safety of discharge. Time is one of the critical resources within

ents. Thus, a suggest that e discharge – ers to the use measure of the s the capacity ample 44.8% DD. Patients



Healthier Children. A Better World.

SickKids

Purpose:

Create an efficient discharge process for both families and the interprofessional team



Objectives

- Support family readiness for discharge
- Support interprofessional team efficiency for discharge
- **Provide estimated discharge date (EDD) to families approaching discharge**
- **Goal of 70% of patients to be discharged by 1400 hrs**
- Evaluate staff and family feedback regarding use of EDD's



METHODS



Healthier Children. A Better World.

SickKids

Quality Improvement Focused Methods

- Process Map
- Model for Improvement (PDSA Cycles)
- Cause and Effect Analysis
- EDD provided to families approaching discharge
- Weekly Audits and Data Analysis



Providing an EDD: Current Process



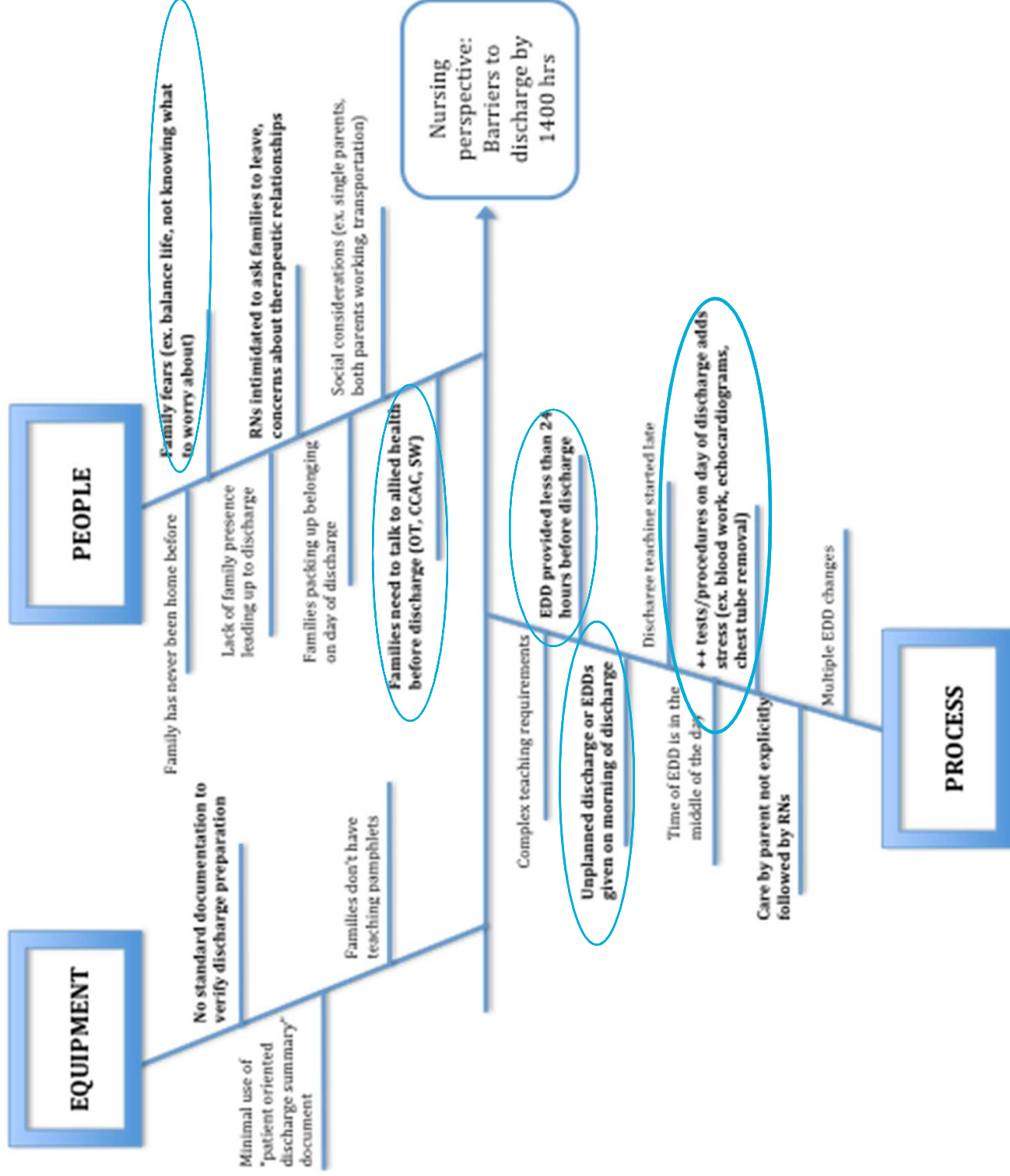
MY COMMUNICATION BOARD

TODAY'S DATE		ESTIMATED DISCHARGE DATE	
MY CARE TEAM	MY PLAN & GOALS FOR TODAY	QUESTIONS/MESSAGES FOR MY TEAM	
ALL ABOUT ME	MY FAMILY (NAMES/CONTACT/ AVAILABILITY)	DISCHARGE PREPARATION	
			YES N/A
		Transportation confirmed	<input type="checkbox"/> <input type="checkbox"/>
		Prescriptions provided to patient	<input type="checkbox"/> <input type="checkbox"/>
		Patient and Family teaching completed	<input type="checkbox"/> <input type="checkbox"/>
		All outstanding tests completed	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>



Healthier Children. A Better World.

SickKids



Healthier Children. A Better World.

SickKids

Weekly Audits and E-mails Communicated to Staff

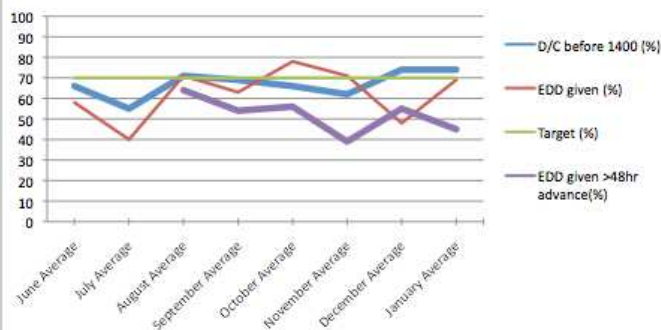
D/C before 1400
Performance

EDD given
(24 vs 48 hrs)

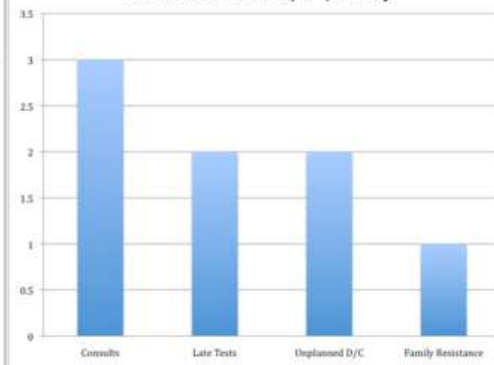
Late Discharge
Reasons

Send Attach Discard

EDD Audit Summary



Reasons For Late D/C - January



- Great news! December's top reason for late discharge was family resistance and we have decreased it to one of our least documented reasons.
- January's top reason for late discharge was:

Consults

Having an EDD >48hr can help decrease this reason!!

Recommendation:

- **Let's continue to advocate for our patients to receive an EDD >48 hours in advance!.....WHY?**
 - Decrease stress for family leading up to discharge and frames family mindset for transition home. (ie. Families can work towards most cares such as bathing, medication administration, assessment discussions which further reinforces teaching)
 - Decrease workload and better coordination for everyone on day of discharge
 - Increase unit work flow from out of step-down or CCU at an appropriate time
- **Let's continue to take advantage of the 4D transition packages for families!** They are a great way to help prepare families for discharge and may help to decrease family resistance. They include a "Dear

Tips and
Suggestions

Rich text editor toolbar with various formatting and editing icons.

Send

Discard

Rich text editor toolbar with various formatting and editing icons.

Draft saved at 9:41 PM



Healthier Children. A Better World.

SickKids

RESULTS



Healthier Children. A Better World.

SickKids

Results Reasons for L

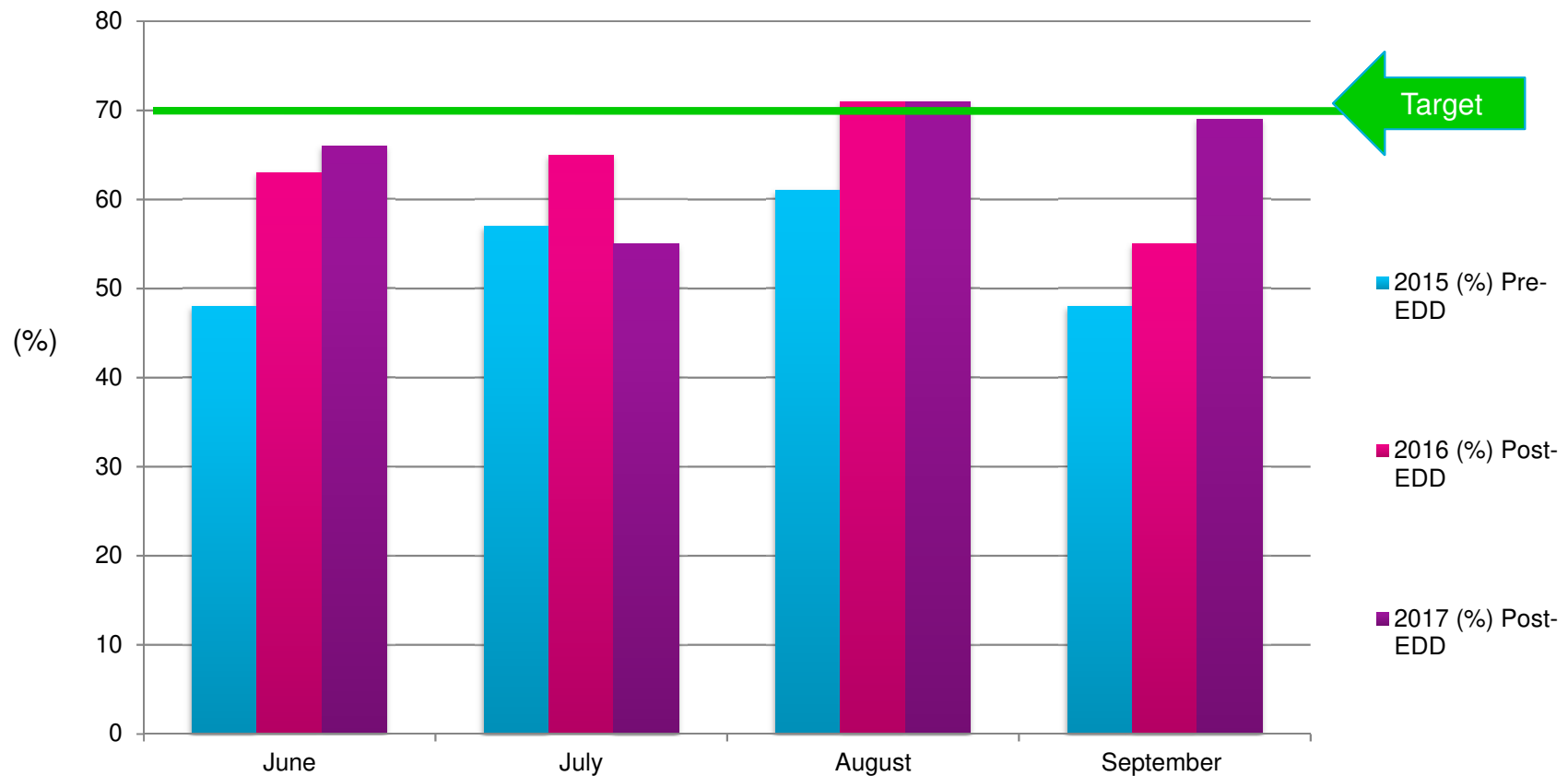


Healthier Children. A Better World.

SickKids

Discharge Before 1400 Audits

Discharge before 1400 Performance Pre vs Post EDD Implementation

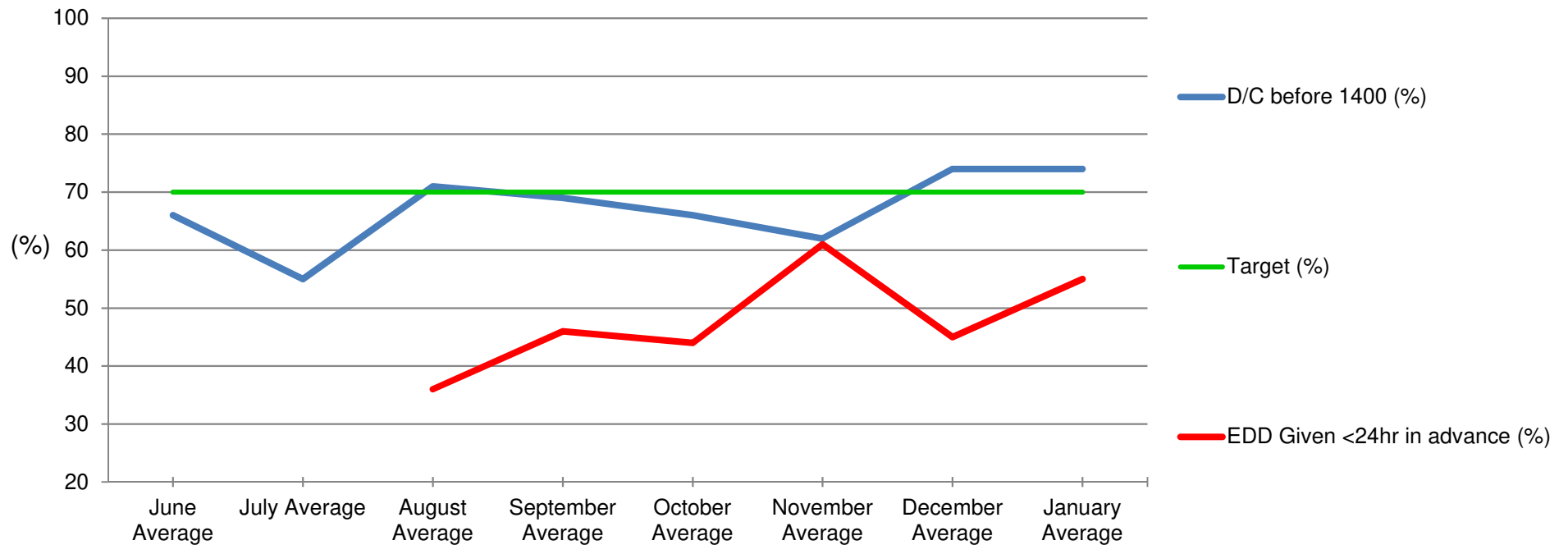


Healthier Children. A Better World.

SickKids

EDD given 24hrs & Discharge before 1400

EDD Audit Summary

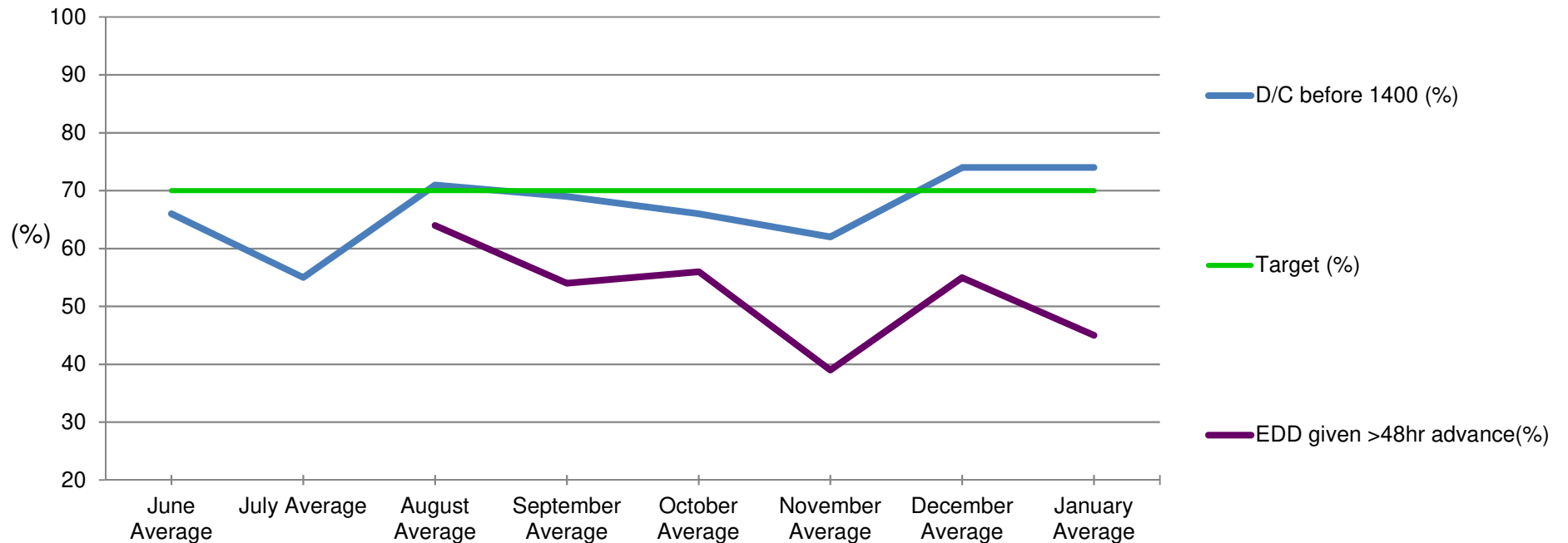


Healthier Children. A Better World.

SickKids

EDD Given >48 hours & Discharge before 1400

EDD Audit Summary

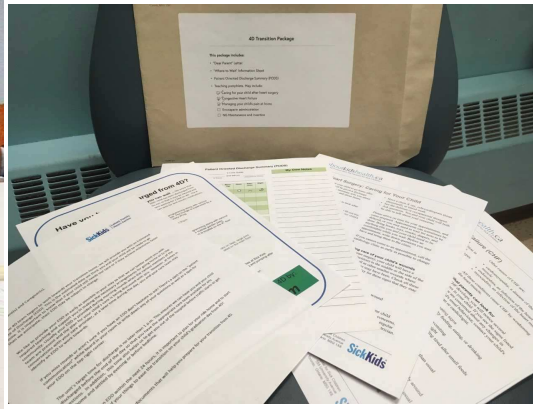
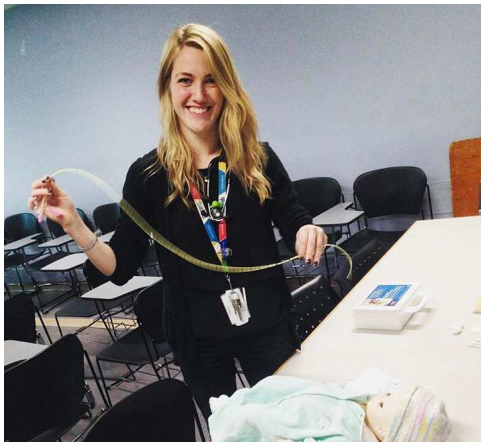


Healthier Children. A Better World.

SickKids

Interdisciplinary Efforts Supporting Family Readiness

- RN Family Education Room (away from bedside) – 2016
- Social Work FAQ's poster in patient rooms - 2017
- Pharmacy weekly rounds with pharmacy and social work specifically regarding coverage for families – 2016
- RN Presentation to family Advisory Committee - 2017
- ECHO requisitions starting in CCCU (for select patient population) – 2016
- Child Life “Where to wait poster” – 2016
- RN Family Transition Package – 2017
- RN Family phone calls post discharge – 2015



SickKids 4D Inpatient Checklist

Below is a list of 4 questions we have for you as a part of your inpatient stay here at SickKids.

1) Is your family registered with OHIP?

☐ YES
☐ NO – If you answered NO:
• Ask your nurse to speak with the Social Worker on your unit (4D)

2) Do you have medication/private insurance coverage?

☐ YES
☐ NO – If you answered NO:
• Your child may be prescribed medications. If you are concerned about the cost and you have no drug coverage, please visit the **Resource Navigation Program** located in the Family Centre on the main floor.

3) Do you have a ride home?

☐ YES
☐ NO – If you answered NO:
• Families are expected to make arrangements to come to and from the hospital.
• Discharge is at 2:00pm – please make sure you have arranged for a ride.
• If your ride is unable to come at that time, please ask your nurse where you can wait.

4) Do you have a car seat?

☐ YES
☐ NO – If you answered NO:
• All kids at discharge, your child will need to be transported in a car seat if you are leaving the hospital by car.
• Please arrange for a car seat on the day of discharge.
• There are car seats available at stores nearby (Dix, Canadian Tire located at Dundas and Bay, or The Bay located at the Eaton Centre).

SickKids



Healthier Children. A Better World.

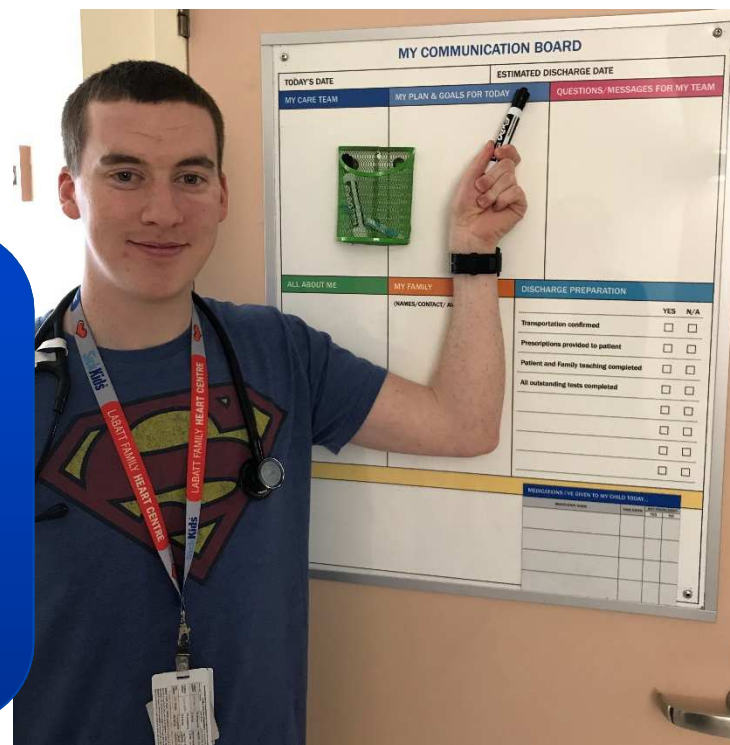
SickKids



“EDD’s are beneficial for families because it gives us something to look forward to and helps us feel prepared for discharge”
- 4D Parent

Figure 2. The amazing repair of charlie’s tiny heart. Adapted from *The Toronto Star* by Joseph Hall, 2015, retrieved from https://www.thestar.com/life/sick_kids/2015/05/06/sickkids-putting-charlies-heart-into-the-right-shape.html

“I find using EDD’s helpful in organizing a discharge for families. It gives the team time to get organized as well as the parents time to ask questions before discharge”
- 4D RN



Healthier Children. A Better World.

SickKids

CONCLUSION



Healthier Children. A Better World.

SickKids

Main findings

1. If EDD given >48hr
higher percentage of
patients were
discharged before 1400



More efficient
discharge process for
the **interprofessional
team**

2. Decrease in Family
Reluctance as a reason
for late discharge



Greater support for
patients and families



Future Areas of Opportunity

- ① Explore family perspective on discharge processes and receiving an EDD
- ② Continue to audit EDD's given more than 48 hours in advance and assess impact on discharge before 1400
- ③ Continue to recruit MD and NP participation in working group to monitor and evaluate project outcomes
- ④ Continue to build EDD's into unit culture



Thank you!



Healthier Children. A Better World.

SickKids

References

- Lees, L., & Holmes, C. (2005). Estimating date of discharge at ward level: A pilot study. *Nursing Standard*, 19, 17, 40-43.
- Ou, L., Chen, J., Young, L., Santiano, N., Baramy, L., & Hillman, K. (2011). Effective discharge planning-timely assignment of an estimated date of discharge. *Australian Health Review*, 35, 357-363.
- Smith, L., & Daughtrey, H. (2000). Weaving the seamless web of care: An analysis of parents' perceptions of their needs following discharge of their child from hospital. *Issues and Innovations in Nursing Practice*, 31(4), 812-820.
- Hall, J. (2015). *The amazing repair of charlie's tiny heart* [digital image]. Retrieved from https://www.thestar.com/life/sick_kids/2015/05/06/sickkids-putting-charlies-heart-into-the-right-shape.html
- Unknown. (2013). *Sickkids has heart* [digital image]. Toronto, ON. The Hospital For Sick Children (Sickkids). Retrieved from <http://www.sickkids.ca/AboutSickKids/Newsroom/Past-News/2015/sickkids-has-heart.html>

